Initial Parent Questionnaire

Which of our doctors is your child seeing for ADD? _____

Child's Name _____ Age _____ DOB _____ Grade _____

Home Phone # _____ School _____

Principal _____ Teacher _____

Previous Schools _____

Mother's name _____ Occupation _____

Marital status _____ Highest grade finished in school _____

Father's name _____ Occupation _____

Marital status _____ Highest grade finished in school _____

For each of the other children in the family, please give:

Name	Age	Any medical or school problems
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In your own words, what is the reason for consulting us? _____

_____

_____

_____

When was this first noticed? _____

Has your child been receiving special resources within the school? _____

Which special services? _____

Has an Individual Education Plan been completed for your child? _____

If more space is needed, please attach a separate page

Family History

Please check any of the following conditions that any close blood relative has had and note relationship to this child. Check here if child is adopted ☐

☐ birth defects/malformations _____
☐ seizures _____
☐ death before age one year _____
☐ mental retardation _____
☐ psychiatric problem _____
☐ emotional problem/depression _____
☐ drug addiction or dependency _____
☐ hyperactivity or attention deficit disorder _____
☐ deafness/hearing loss _____
☐ blindness _____
☐ bedwetting _____
☐ learning or school problems _____
☐ headaches/migraine _____
☐ alcoholism _____
☐ problems with the law/prison _____
☐ tics/involuntary movements _____

Pregnancy History

To be completed by the patient's mother
During your pregnancy with this child:
1. Did you experience any problems or complications? If so, please explain: _____
_____
2. Did you use (please check if yes):
☐ cigarettes: how many per day? _____
☐ alcohol: how much? _____
☐ non-prescription medicines: which ones? _____
☐ prescription medicines: which ones? _____
☐ street drugs: which ones? _____
3. Were you exposed to any toxic substance? ☐: which ones? _____
_____

Labor & Delivery

Please check any of the following that apply to the labor and delivery:
☐ premature by _____weeks
☐ late by _____weeks
☐ labor induced
☐ medications during labor
☐ general anesthesia
☐ baby needed oxygen
☐ caesarean section (elective/emergency)
☐ forceps delivery
☐ breech position
☐ fetal distress
☐ meconium (baby's stool) in amniotic fluid
☐ baby required resuscitation

☐ other problems: _____
_____

Birthweight_____length_____Apgar scores (if known) _____

Nursery Stay and First Few Weeks

Please check any of the following that apply to the baby's first couple of weeks:

- ☐ respiratory distress
- ☐ infection
- ☐ feeding problems
- ☐ illness _____
- ☐ jaundice
- ☐ phototherapy (blue light treatment)
- ☐ sleep problems
- ☐ surgery _____

How long did the baby stay in the hospital nursery? _____

Infancy

Please check any of the following that apply to the patient's first year:

- ☐ feeding problems
- ☐ sleep problems
- ☐ cried a lot
- ☐ colic
- ☐ poor weight gain
- ☐ problems getting on a predictable schedule
- ☐ was never cuddly
- ☐ breast fed until ____ months
- ☐ bottle fed until ____ months
- ☐ was source of worry or concern to us

Development

Please indicate, as best you can remember, the age in months at which your child first did the following:

- rolled over _____
- sat without support _____
- crawled _____
- walked along furniture _____
- walked without support _____
- used spoon to feed self _____
- dressed without help _____
- could ride tricycle _____
- spoke first word _____
- able to say 4–6 words _____
- spoke 2-3 word sentences _____
- could name 4 body parts _____
- toilet trained for daytime _____
- dry at night _____
- could name 4 colors _____
- developed handedness (right/left) _____

Please check any of the following that apply to your child during the first few years of life:

- ☐ much more active than other children
- ☐ learned to do things very quickly
- ☐ dare-devil behavior – had no fear
- ☐ impulsive behavior
- ☐ tore up more toys than other children
- ☐ was aggressive towards other children
- ☐ timid or shy
- ☐ needs rigid daily schedule
- ☐ problems adapting to new situations
- ☐ gave up easily when frustrated
- ☐ wandered away from home frequently
- ☐ more interested in things than people
- ☐ needed to touch or smell everything
- ☐ had problems separating from parents
- ☐ problems sharing toys, etc
- ☐ didn't care how others felt
- ☐ not affected by discipline
- ☐ unable to learn or follow rules
- ☐ wanted to be left alone
- ☐ needed constant attention
- ☐ always testing limits
- ☐ many tantrums
- ☐ rocking or head banging
- ☐ problems with sleep
- ☐ problems with eating
- ☐ problems with speech
- ☐ clumsiness / accident prone
- ☐ unable to wait for his / her turn

Medical History

Please give approximate dates and a brief explanation for any:

Hospitalizations _____

_____

Surgeries _____

_____

Concussion, skull fracture or serious head injury _____

_____

Poison ingestion or overdose _____

_____

Serious illness _____

_____

Serious accident _____

_____

Allergies to medicines _____

Allergies to foods _____

Other allergies _____

Medicines taken regularly (include dosage) _____

_____

Please check any of the following that your child has or had:

- ☐ seizures
- ☐ vision problems
- ☐ ear infections
- ☐ hearing problems
- ☐ heart murmur / heart disease
- ☐ hepatitis / liver disease
- ☐ serious vomiting / diarrhea
- ☐ constipation
- ☐ problems gaining weight
- ☐ tics / involuntary movements
- ☐ kidney disease
- ☐ urine infections
- ☐ bedwetting
- ☐ soiling
- ☐ hay fever / asthma / eczema
- ☐ anemia
- ☐ headaches
- ☐ abdominal pain
- ☐ problems growing
- ☐ accident prone

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality

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Social Skills Assessment Form

Child's name _____ Date _____

Please check in the appropriate box the degree to which the following statements describe this child.

	Not Applicable	Mild	Moderate	Severe
Seems to be a social isolate, e.g., spends a large proportion of time in solitary activities, and may be judged independent and capable of taking care of him/herself.	☐	☐	☐	☐
Seems to interact less with classmates and appears shy and timid. May be described as somewhat anxious with others.	☐	☐	☐	☐
Seems to spend less time involved in activities with others due to a lack of social skills and / or appropriate social judgment.	☐	☐	☐	☐
Seems to have fewer friends than most due to negative, bossy or annoying behaviors which 'turn off' others.	☐	☐	☐	☐
Seems to spend less time with classmates than most due to awkward or bizarre behavior.	☐	☐	☐	☐
Disturbs other children: teases, provokes, fights, interrupts.	☐	☐	☐	☐
Openly strikes back with angry behavior to teasing of other children.	☐	☐	☐	☐
Argues and must have the last word in verbal exchanges.	☐	☐	☐	☐
Displays physical aggression towards objects or persons.	☐	☐	☐	☐
Uses coercive tactics to force the submission of peers; manipulates or threatens.	☐	☐	☐	☐
Speaks to others in an impatient or cranky tone of voice.	☐	☐	☐	☐
Says uncomplimentary or unpleasant things to other children, e.g., engages in name calling, ridicule, verbal derogation.	☐	☐	☐	☐

Please rate the following descriptors for this child by circling appropriate number after each item.

	Not Descriptive or not True		Moderately Descriptive or True			Very Descriptive or Very True	
Verbally responds when a child initiates.	1	2	3	4	5	6	7
Engages in long conversations.	1	2	3	4	5	6	7
Shares laughter with classmates.	1	2	3	4	5	5	7
Spontaneously contributes during group discussion.	1	2	3	4	5	6	7
Volunteers for 'show and tell'.	1	2	3	4	5	6	7
Freely takes a leadership role.	1	2	3	4	5	6	7
Spontaneously works with peer (s) on projects in class.	1	2	3	4	5	6	7
Verbally initiates with a peer (s).	1	2	3	4	5	6	7

Attention-Deficit Hyperactivity Disorder DSM-5 Criteria

Patient Name_____ Date_____ Completed By_____

Please check symptoms that apply to this child:

Inattention: Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:

- ☐ 1. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- ☐ 2. Often has trouble holding attention on tasks or play activities.
- ☐ 3. Often does not seem to listen when spoken to directly.
- ☐ 4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
- ☐ 5. Often has trouble organizing tasks and activities.
- ☐ 6. Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time.
- ☐ 7. Often loses things necessary for tasks and activities.
- ☐ 8. Is often easily distracted
- ☐ 9. Is often forgetful in daily activities.

Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:

- ☐ 1. Often fidgets with or taps hands or feet, or squirms in seat.
- ☐ 2. Often leaves seat in situations when remaining seated is expected.
- ☐ 3. Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- ☐ 4. Often unable to play or take part in leisure activities quietly.
- ☐ 5. Is often "on the go" acting as if "driven by a motor".
- ☐ 6. Often talks excessively.
- ☐ 7. Often blurts out an answer before a question has been completed.
- ☐ 8. Often has trouble waiting his/her turn.
- ☐ 9. Often interrupts or intrudes on others.

In addition, the following conditions must be met:

Several inattentive or hyperactive-impulsive symptoms were present before age 12 years

Several symptoms are present in two or more settings, (e.g. at home, school or work; with friends or relatives; in other activities).

There is clear evidence that the symptoms interfere with, or reduce the quality of social, school, or work functioning. The symptoms do not happen only during the course of schizophrenia or another psychotic disorder. The symptoms are not better explained by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).